1070009/083

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300307532293

01/18/18--01021--027 **25.00

18 JAN IS AHII: 41

FILED
SECRETARY OF STATE
TALLAHASSEE, FI.ORIDA

COVER LETTER

	ion Section of Corporations	a .	
SUBJECT:	Beth	KOKOL Arts LL	
3010ECT	Name of Limi	ted Liability Company	···-
The enclosed Artic	les of Amendment and fee(s) are subr	nitted for filing.	
Please return all co	rrespondence concerning this matter t	o the following:	
	ſ	, ,	
	K	Obert Kokal	
	B	eth Kokol At	LLC
		Firm/Company	
	6487	Targlewood Dri	NE
		Wddress	
	St. le,	Less burg, FE 3370 City/State and Zip Code	JZ_
		City/State and Zip Code	
	Kokol c	LIVERCE E 9MCII o be used for future annual report notifi	· Com
	h-mail address; (t	o be used for future annual report notin	ication)
For further informa	tion concerning this matter, please ca	11:	
Ro	bet KoKol	a(8B) 943-	4954
N	lame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
to do Dest	Certificate of status	(additional copy is enclosed)	Certified Copy
Inde Dept of State			(additional copy is enclosed)
Ŋ	AAILING ADDRESS:	STREET/COURIE	ER ADDRESS:
R	Registration Section	Registration Section	n
	Division of Corporations 2.O. Box 6327	Division of Corpora Clifton Building	utions
	allahassee, FL 32314	2661 Executive Cer	nter Circle
•		Tallahassee FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beth Ko	oKb(Hrts LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 1070001063.	were filed on 95707 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	T _S S
(Principal office address MUST BE A STREET ADDRESS)	8 LEGRET
	TARY
Enter new mailing address, if applicable:	AM FF
(Mailing address MAY BE A POST OFFICE BOX)	11: LONA
	- Om
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending A or removed fr	Kuthorized Person(s) authorized to man our records:	age, <u>enter t</u>	he title, name, and address of each p	person being added
MGR = Mar AMBR = Aut	nager horized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	Robert KoKol	6486	Targlewood Dr NE Testerty, M 33702	D Add
Cremains	as "Agent")	St-1	leterby, pr 33702	Remove
				Change
				🗆 Add
				□ Remove
				Change
 				□ Add
				C Remove
				Change
				_□ Add
				_□ Remove
				_ Change
				_□ Add
				_ Remove
				_ 🗆 Change
				□ Add
			<u> </u>	_□ Remove
				_□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_ 	
	Robert Kokol remails as "Agent"		
•			
•			
•			
		_	TA's
		ا الم	LLA
			IASS
		7	
		JAN 15 AH 11: 30	FLORIDA
		—-ö	DA
			
	tive data if other than the date of filing:		
(If an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	n to 605.0 be listed	207 (3) Las the
doci	ment's effective date on the Department of State's records.		
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the second is filed.	earlier	of:
Date	1/19/18		
1760			
	Signature of a member or authorized representative of a member		
	Robert Kokol Agest Typed or printed name of signee		
	Typed or printed name of signee		

Filing Fee: \$25.00